

APR 21 2001
TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

REMARKS

Application Number	09/898,209		
Filing Date	07/03/2001		
First Named Inventor	Fuoss, Paul Henry		
Group Art Unit	2654		
Examiner Name	Elahee, Md s.		
Total Number of Pages in this Submission	25	Attorney Docket Number	1999-0591

RECEIVED

APR 23 2004

Technology Center 2600

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman	<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Additional enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

Remarks Response to Official Action of 01/20/2004

CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label

Customer Number - 26652

or Correspondence address below

NAME	Samuel H. Dworetzky			
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CITY	Middletown	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	04/19/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 04/19/2004

Type or Printed Name	Robert T. Canavan		
Signature		Date	04/19/2004

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450